

## **Vessel Polution Application**

(Please Check One)	o New	<ul> <li>Addition</li> <li>Renewal</li> </ul>		
NAME OF APPLICANT		NAME OF BROKER		
ADDRESS - NUMBER AND STREE	:T	ADDRESS - NUMBER AND STR	EET	
CITY	STATE ZIP	CITY	STATE ZIP	
CONTACT NUMBER	EMAIL	CONTACT NUMBER	EMAIL	
ADDITIONAL NAMED ASSURED(	S) / INTEREST:	REQUESTED EFFECTIVE AND	REQUESTED EFFECTIVE AND EXPIRATION DATE OF INSURANCE:	
LOCATION(S)/ADDRESS: [SHIPY/	ARD / MARINA / FLEETERS)	REQUESTED LIMIT OF INSURA	REQUESTED LIMIT OF INSURANCE:	
BRIEFLY DESCRIBE APPLICANT	S OPERATIONS, EXPERIENCE, LENG	TH OF TIME ENGAGED THEREIN.		
LIOT ANY PREVIOUSLY OWNER.	OD AFFILIATED MADITIME COMPANI	EQ THE ARRIVOANT HAS OR HAS HAR IN	TERESTO IN	
LIST ANY PREVIOUSLY OWNED	OR AFFILIATED MARITIME COMPANI	ES THE APPLICANT HAS OR HAS HAD INT	ERESTS IN.	
HAS APPLICANT AND/OR ANY O	F ITS AFFILIATED COMPANIES, PRIN	CIPAL AND/OR OWNER, BEEN THE SUBJE	ECT OF BANKRUPTCY PROCEEDINGS?	
o Yes o No	,	,		
IF YES, PLEASE DESCRIBE				

Risk Questions:				
Does Applicant maintain Hull, Protection & Indemnity Insurance?	If yes, does insurance cover Wreck Removal?			
o Yes o No	o <b>Yes</b> o <b>No</b>			
Sue & Labor/Salvage?	Please provide Hull Carrier / P&I Carrier and P&I Limit.			
o Yes o No				
Is there any navigation or trading warranty to coverage?				
o Yes o No				
Does Applicant currently purchase Vessel Pollution Insurance? o Yes o No				
If yes, who is the Carrier? Current limit and premium:				
Does Applicant own and/or Tow Tank Barges?  o Yes				
o No  If yes, specify cargo, describe exposure, including capacity of the towed barges/ves				
ir yes, specify cargo, describe exposure, including capacity of the towed barges/ves	seis			
Does Applicant transport any Oil and or Hazardous Substances?				
o Yes o No				
If yes, specify cargo, describe exposure:				
Does Applicant transship or lighter oil to other vessels/facilities?				
o Yes o No				
If yes, please describe				
Does Applicant provide any salvage services?	✓ Please state any additional Special Coverage and/or Endorsement			
。 Yes	requirements?			
o No	Specific Name & Waive			
Does Applicant contract to do spill clean-up work?  • Yes	<ul> <li>Blanket Name and Waive</li> <li>California Endorsement</li> </ul>			
o No				
Does Applicant provide tankerman services as a part of its crew's duties?	MODU Endorsement			
o Yes o No				

Please complete Schedule of Vessels owned and/or operat	ed by the Applicant, fill in Non Tank Vessel and Tank	Vessel Schedules upload in Excel format. (click to upload)			
VESSEL NAME:	VESSEL TYPE:	HULL ID:			
		<del></del>			
Please list all reported incidents for the previous five years. The list must include all currently open claims, showing payments and reserves, if any, and closed claims on which any payment was made. All figures should include legal fees and/or expenses. The above information must be reported for all vessels operated by Applicant and/or affiliated companies for the previous five years, whether or not the vessels appear on the schedule of vessels for which insurance is being requested, and should be uploaded in Excel format. (click to upload)					
<ul> <li>The applicant warrants that the information provided above is complete and accurate. Applicant understands that Underwriters shall rely upon the information and representations provided above in determining the acceptability, rates and conditions of coverage.</li> </ul>					
<ul> <li>It is understood that any misrepresentation or omission shall constitute grounds for immediate avoidance of or cancellation of coverage and denial of claims, if any.</li> </ul>					
<ul> <li>Signing this application does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this application shall be the basis of the contract should a policy be issued.</li> </ul>					
Additional Comments:					